

of previous experience reported in the literature in which both lack of effect and actual harm have been reported, it is obvious care must be exercised in following the course of events as treatment is being given.

REHABILITATION OF THE TUBERCULOUS

REHABILITATION of those suffering from tuberculosis is a project which has been before anti-tuberculosis workers ever since Sir Robert Philip of Edinburgh outlined many years ago his famous community organization centered around a well equipped, efficiently manned (as to medical personnel) dispensary. The most successful effort to meet this particular want in the programme has been devised and operated near Cambridge, England, by Varrier-Jones and his deceased senior, Sims Woodhead, at Papworth. They claim, that by the forms of employment devised, they are able to make the colony self-supporting. If this is true even by utilizing any grants available by law, and by not charging interest or sinking fund on capital account, it is a wonderful success. It provides accommodation for the family of an arrested tuberculous case. It has bed accommodation for those who slip back under strict medical and nursing supervision and secures for those fit employment suited to the individual, and his home conditions. There have been other much smaller and less complete efforts in England but also less successful. The National Tuberculosis Association of the United States, inaugurated a colony undertaking last summer, which may by this time be accepting cases. The Reco Shop, started in New York City, to train men in suitable employments, has been closed. The Altro Shop, operated by the Hebrew Charities for arrested tuberculous cases is still working, but it does not provide homes, or remove the cases into open country surroundings. The Standard Oil Company of California, have a successful scheme for their employees at Colfax. The New York State Telephone Company treat and rehabilitate their cases of tuberculosis, and both these corporations state it pays them. The arrested tuberculous case must have support for his family while he gradually acquires the ability to work long enough hours to support them, at a type of work medically suitable, and under congenial surroundings with fellow employees who will not shun him, or otherwise unnecessarily embarrass his willing and anxious efforts. A conscientious arrested case of tuberculosis from a Sanatorium is not a menace to fellow workers.

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HÆMORRHAGE IN PULMONARY TUBERCULOSIS

IN an interesting article by Dr. F. M. Pottinger of California (*Amer. Journal of the Medical Sciences*, September, 1925), the etiology of hæmorrhage in pulmonary tuberculosis is discussed. It was formerly generally accepted that blood in the sputum pointed to destruction of a portion of the wall of a pulmonary vessel. Careful investigation, however, shows that blood coming from the lungs does

not always indicate the same underlying condition. Ulceration of the wall of a vessel, and rupture of an aneurysmal dilatation of a vessel in the unprotected wall of a cavity may occur now and then and cause severe and even fatal hæmorrhage. Injury to the walls of tiny capillaries is also a frequent cause of bleeding, but the great majority of pulmonary hæmorrhages do not appear to